

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Mussel and Clam Poisoning in California

Since 1927, 310 cases of mussel poisoning with 17 deaths and 20 cases of clam poisoning with 5 deaths have occurred in California. The greatest number of mussel poisoning cases to have occurred during a single year was in 1927, when 102 cases with 6 deaths were reported. The next heaviest year was in 1939, when 64 cases of mussel poisoning with 6 deaths and 12 cases of clam poisoning with 2 deaths were reported.

Most cases of mussel poisoning have occurred in San Mateo, Monterey, Marin, and Sonoma counties, while all cases of clam poisoning, so far reported, have occurred in Sonoma, Santa Cruz and Monterey counties.

The quarantine on mussels, recently imposed by the California State Department of Public Health, is enforced during the summer months, and should be observed carefully by individuals who are in the habit of gathering mussels while on Sunday outings and vacations. There is nothing in the appearance of the shell-fish nor its environment that would indicate any abnormal condition. Consumption of these crustaceans at this season of the year, however, may bring acute illness, if not death.

The quarantine on mussels has now been supplemented to include clams in San Luis Obispo County, which, by recent tests, show toxic conditions. Health

officers and food inspectors have been instructed to enforce the provisions of this quarantine and to prohibit taking, sale, or offering for sale, of clams in San Luis Obispo County and mussels from the southern boundary of Los Angeles County, north to the California-Oregon boundary line, with the exception of the bay of San Francisco.

In some counties, health officers have posted quarantine notices along beach locations, where vacationers are accustomed to gather shell-fish. Newspapers have been used in issuing warnings to the general public, and in some communities announcements have been made over the radio to advise the general public of the toxic condition of these shell-fish during the summer months. Nevertheless, in spite of sincere efforts made by health officers, cases of shell-fish poisoning continue to occur.

Because of the large numbers of cases last year, with the high fatality rate, it is of importance that these quarantine orders be observed carefully during the present summer months. It is recognized that in spite of any warning that may be issued, some people will continue to gather and cook these shell fish. Every possible vehicle for the issuance of proper warnings should be used by health officers in advising the public of the potential dangers that exist in mussels along the entire California coast, except San Francisco Bay, San Diego and Orange counties and clams in San Luis Obispo County.

MUSSEL AND CLAM POISONING, CALIFORNIA, 1927-1939

Year	Mussels		Clams	
	Cases	Deaths	Cases	Deaths
1927	102	6	0	0
1928	0	0	0	0
1929	55	1	6	3
1930	2	0	0	0
1931	2	0	0	0
1932	40	2	2	0
1933	12	0	0	0
1934	0	0	0	0
1935	0	0	0	0
1936	3	2	0	0
1937	27	0	0	0
1938	3	0	0	0
1939	64	6	12	2
Totals	310	17	20	5

MUSSEL AND CLAM POISONING, BY COUNTIES, CALIFORNIA, 1927-1939

County	Mussels		Clams	
	Cases	Deaths	Cases	Deaths
Del Norte	5	0	0	0
Marin	63	2	0	0
Mendocino	1	0	0	0
Monterey	91	6	9	2
San Mateo	98	5	0	0
Santa Cruz	5	0	3	0
Sonoma	39	1	8	3
Ventura	6	2	0	0
California*	2	1	0	0
Totals	310	17	20	5

* Those cases wherein the county from which the shellfish came was not definitely known.

UNSUNG GUARDIANS OF THE NATION'S HEALTH

From the moment when we urban dwellers take in our bottles of milk, through every single activity of the day and even when we sleep at night, we are being guarded, watched, and protected from danger and disease of which we are quite unaware. That the water on our tables is pure, that our sewer systems function properly, that when we walk on the streets we do not come in contact with communicable diseases, that when we dine at restaurants our food is hygienically prepared and served—all these we take for granted as our inalienable right and are inclined to resent the taxes which go to pay for them. Countless unsung millions of the laboratory have struggled to bring about this happy state of affairs, and countless others are still toiling on our behalf.

Dr. Victor Heiser in "You're the Doctor."

PSITTACOSIS CONTROL

During the month of June, 120 interstate shipping certificates were issued for 1237 shell parakeets and 130 larger psitticine birds. Also 60 shell parakeet aviaries were inspected.

CORRECTION OF VITAL RECORDS

In California, errors on birth, death, and marriage certificates can not be corrected on the original record. It is possible only to provide corrections by means of filing affidavits to amend the records.

In the present defense emergency, local registrars of vital statistics may well exercise due caution in the acceptance of affidavits that might have any bearing on a change of nationality upon the official record. To be sure, the acceptance of a fraudulent affidavit does not establish nationality, but it adds to the confusion at a time when confusion is not desired. It must be remembered too that the original certificate, as filed, is not subject to change in any way whatsoever, that affidavits to amend such records are filed as supplements which are attached to the original certificates. No alterations, under any circumstances, can be made on the original certificate as filed with the local registrar.

Sections 10575 to 10579 of the Health and Safety Code provide specific directions for the correction of vital records and they are reproduced herewith:

"10575. Whenever the facts are not correctly stated in any certificate of birth, death, or marriage, already registered, the local registrar shall require an affidavit under oath to be made by the person asserting that the error exists, stating the changes necessary to make the record correct, and supported by the affidavit of one other credible person having knowledge of the facts.

10576. The local registrar shall file the affidavits with an amended certificate and shall note the fact of the amendment with its date on the margin of the otherwise unaltered original certificate.

10577. He shall transmit the original certificate with the affidavits and amended certificate attached when making his regular monthly returns to the State Registrar and shall retain copies for his files.

10578. If the correction relates to a certificate previously returned to the State Registrar, the local registrar shall forthwith transmit the affidavits to the State Registrar.

10579. If the correction is first made in the Bureau of Vital Statistics, the State Registrar shall transmit a certified copy of the amended certificate to the local registrar."

DYSENTERY FROM IRRIGATION WATER

An outbreak of mild gastro-enteritis occurred during June on the outskirts of a small town in northern California. All of the patients used irrigation water for drinking purposes. Most of them occurred in children and all were located in one small geographical area. The outbreak arose quickly and subsided before a thorough investigation could be made.

PROGRAM FOR HEALTH OFFICERS MEETING

The program committee for the 1940 meeting of the Department of Health Officers, League of California Cities, is composed of Dr. W. L. Halverson, City Health Officer, Pasadena, Chairman, Mr. Louis Olsen, City Health Officer of Palo Alto, Dr. A. V. Nasatir, Director, Division of Industrial Hygiene, Los Angeles City Health Department, Dr. Bertram P. Brown, State Director of Health, and Dr. George Parrish, City Health Officer of Los Angeles and President of the Department of Health Officers, League of California Cities. This committee has been engaged in drafting an interesting program for the conference which will be held in San Diego, September 16 to 19.

Among the major subjects to be discussed are those that relate to the national defense program and public health, with special reference to venereal disease control, nutritional standards, maintenance of safe public water supplies, industrial hygiene and other subjects that are closely allied with the preparation for defense. The treatment of gonorrhea will provide an important topic for discussion, and the statistical study of a large group of blood serological tests for syphilis will provide interesting data related to the control of this disease. Dental care as a public health problem and advances in maternal and child hygiene care will provide major subjects for discussion during the afternoon session of the first day. The problems of cross-connections and back siphonage, with particular reference to the incidence of gastro-intestinal disease and emergency disinfection of water supplies constitute valuable contributions to one of the sessions. Studies in influenza research and a resumé of recent developments in virus research will be of interest to epidemiologists and laboratory workers. Among other subjects that will be considered at the meeting are industrial hygiene, the national housing program, sanitization of eating utensils, control of nonquarantinable diseases, rural health problems and the development and maintenance of immunization programs.

Letters have been sent to all local health officers requesting their attendance at the San Diego meeting, as well as to boards of supervisors and boards of city trustees, requesting that provision be made for travel expense to enable their representatives to go to San Diego. It is important that all health officers in the state be present at the opening session on Monday morning, September 16. San Diego has provided every facility for a successful conference, and a large attendance of health officers will insure the success of this single annual conference of California health officers.

PUBLIC HEALTH IS MORE THAN COMMUNICABLE DISEASE CONTROL

Surgeon General Thomas Parran of the United States Public Health Service recently told state and territorial health officers assembled in Washington that while seeking to improve the performance of health departments in respect to communicable diseases, administrative officers must not be oblivious to the changing disease problem of the people in this country and to the opportunities for usefulness in fields other than what may be termed the traditional scope of public health work.

As causes of morbidity and mortality, the communicable diseases occupy a very minor role when compared with the so-called malignant and degenerative diseases. One factor alone, that is, a shift in the age composition of the population to higher age brackets is sufficient to assure further increase in the importance of the disorders of later life. Against these disorders, the usual preventive measures that characterize orthodox programs of health departments are not especially applicable. Skilled diagnostic service must be made readily available in order that departures from normal may be detected in their incipency. Not infrequently, the remedial measure indicated can not be applied either because the individual does not possess sufficient means to defray the cost. For some persons medical care alone is not sufficient, but in addition an altered regimen of life is indicated; hence, the necessity for rehabilitation and vocational reeducation.

VACATION SUGGESTIONS

The Connecticut State Department of Public Health has provided axioms, the observance of which may be productive of health and longer life. Some of them read as follows:

Swimming long distances without preliminary training may end in tragedy.

The spectator sport who is unable to meet the emergency of saving a life from drowning is poorly prepared for the ringside seat at shore or lake.

Diving in water without knowing first its depth and possible obstructions is courting death.

Swimming too soon after eating places too great a task on the blood to take care of internal and surface emergencies at the same time.

Swimming alone or too far away from those who can be of assistance when needed is dangerous practice.

To use a canoe or row boat without knowing how to handle the craft is jeopardizing all its passengers.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
July 20, 1940

Chickenpox

117 cases: Alameda 1, Berkeley 1, Oakland 6, San Leandro 1, Calaveras County 1, Kern County 1, Los Angeles County 16, Alhambra 1, Burbank 2, Culver City 1, Glendale 1, Long Beach 1, Los Angeles 26, Monrovia 4, Montebello 1, Pomona 1, South Pasadena 1, Maywood 1, Bell 1, Pacific Grove 1, Napa County 1, Orange County 3, La Habra 2, Laguna Beach 5, San Clemente 1, Corona 1, Riverside 1, San Bernardino County 1, San Bernardino 1, La Mesa 1, National City 1, San Diego 6, San Francisco 7, Stockton 5, San Luis Obispo 5, San Mateo County 1, Santa Barbara 1, San Jose 1, Vallejo 1, Stanislaus County 1, Modesto 1, Ventura County 1.

Diphtheria

15 cases: Colusa County 1, Los Angeles County 1, Los Angeles 5, Merced 1, Riverside County 1, Riverside 1, San Bernardino County 1, Redlands 1, San Bernardino 2, Oceanside 1.

German Measles

10 cases: Berkeley 1, Fresno County 2, Bakersfield 1, Long Beach 1, South Gate 1, Santa Ana 1, San Diego 2, Stanislaus County 1.

Influenza

11 cases: Oakland 2, Los Angeles County 1, Long Beach 1, Los Angeles 2, South Gate 1, Maywood 1, San Diego 2, Palo Alto 1.

Malaria

4 cases: Sacramento County 1, Sutter County 2, Tulare County 1.

Measles

114 cases: Oakland 2, Walnut Creek 1, Fresno County 5, Fresno 10, Kern County 2, Delano 4, Los Angeles County 3, Avalon 3, Glendale 4, Los Angeles 4, Pomona 4, South Pasadena 4, Monterey 1, Grass Valley 2, Orange County 1, Corona 3, Sacramento 1, San Diego County 2, El Cajon 1, Oceanside 3, San Diego 11, San Francisco 4, Lodi 1, Manteca 1, San Luis Obispo County 5, San Luis Obispo 5, Santa Barbara 22, Sonoma County 1, Santa Rosa 1, Modesto 1, Sutter County 1, Ventura County 1.

Mumps

154 cases: Alameda 2, Berkeley 1, Oakland 4, Amador County 2, Butte County 1, Fresno County 3, Fresno 2, Kern County 3, Lake County 1, Los Angeles County 19, Avalon 1, Glendale 1, Long Beach 11, Los Angeles 19, Pasadena 3, Pomona 1, San Fernando 1, Santa Monica 1, Hawthorne 1, Yosemite National Park 2, Orange County 5, Fullerton 4, Orange 6, Santa Ana 3, La Habra 1, Corona 5, Sacramento 2, San Bernardino County 2, San Diego 4, San Francisco 10, San Joaquin County 4, Manteca 2, San Mateo County 1, Menlo Park 2, Santa Clara County 3, Palo Alto 12, Sonoma County 1, Santa Rosa 1, Stanislaus County 2, Modesto 1, Sutter County 1, Visalia 1, Ventura County 1, California 1.*

Pneumonia (Lobar)

41 cases: Oakland 3, Kern County 1, Los Angeles County 6, Los Angeles 20, San Fernando 1, Bell 1, Sacramento 2, San Diego 1, San Francisco 2, San Mateo County 1, Menlo Park 1, Ventura County 1, Marysville 1.

Scarlet Fever

40 cases: Berkeley 1, El Dorado County 1, Kern County 2, Los Angeles County 2, Burbank 1, Long Beach 1, Los Angeles 7, Montebello 1, Pasadena 1, Hawthorne 1, South Gate 1, Santa Ana 1, Corona 1, Riverside 1, Indio 1, San Bernardino 1, San Diego 7, San Francisco 1, San Joaquin County 1, Vallejo 1, Petaluma 1, Sutter County 1, Trinity County 1, Tulare County 1, Ventura County 2.

Smallpox

One case: Woodland.

Typhoid Fever

6 cases: Bishop 1, Long Beach 1, Torrance 1, Monterey 1, Stockton 1, California 1.*

Whooping Cough

293 cases: Alameda County 1, Alameda 1, Oakland 12, San Leandro 3, Calaveras County 2, Fresno County 5, Fresno 8, Kern County 5, Delano 9, Los Angeles County 28, Alhambra 3, Culver City 1, El Monte 2, Glendale 2, Huntington Park 1, La Verne 1, Long Beach 2, Los Angeles 66, Monrovia 3, Montebello 1, Pasadena 5, Pomona 3, San Fernando 2, San Gabriel 4, Santa Monica 1, Monterey County 2, Monterey 1, Salinas 1, Orange County 4, Anaheim 4, Santa Ana 3, Riverside County 2, Corona 3, Sacramento 2, San Benito County 1, Ontario 2, San Bernardino 5, San Diego County 2, Escondido 2, San Diego 2, San Francisco 22, San Joaquin County 6, Lodi 3, Manteca 7,

Stockton 3, San Luis Obispo County 3, Arroyo Grande 1, San Luis Obispo 2, Santa Barbara 6, Santa Maria 3, Santa Clara County 1, Gilroy 1, Palo Alto 6, San Jose 3, Santa Cruz 1, Watsonville 3, Sonoma County 3, Santa Rosa 1, Stanislaus County 5, Tulare County 1, Ventura County 5.

Meningitis (Epidemic)

One case: Sonoma County.

Dysentery (Amoebic)

4 cases: Monterey County 2, Vallejo 1, Modesto 1.

Dysentery (Bacillary)

5 cases: Compton 1, Los Angeles 4.

Pellagra

One case: San Francisco.

Poliomyelitis

16 cases: Berkeley 2, Los Angeles County 2, Burbank 1, Huntington Park 1, Los Angeles 5, Sacramento 1, San Bernardino County 1, Santa Barbara County 1, Yuba County 1, California 1.*

Trachoma

One case: Fresno County.

Encephalitis (Epidemic)

14 cases: Colusa County 1, Fresno County 8, Sacramento County 1, Stockton 1, Tulare County 2, Woodland 1.

Paratyphoid Fever

2 cases: Oakland 1, Grass Valley 1.

Trichinosis

One case: Sacramento.

Food Poisoning

One case: San Francisco.

Undulant Fever

8 cases: Los Angeles County 1, Burbank 1, Los Angeles 2, San Bernardino County 1, Sutter County 1, Visalia 1, Ventura County 1.

Septic Sore Throat

One case: Sonoma County.

Relapsing Fever

2 cases: Los Angeles County.

Epilepsy

34 cases: Oakland 1, Los Angeles County 8, Covina 1, Los Angeles 15, Napa County 1, San Bernardino County 1, San Bernardino 1, San Francisco 3, Stockton 1, Palo Alto 1, Santa Rosa 1.

Rabies (Animal)

3 cases: Berkeley 1, Fresno County 1, Redwood City 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

RELAPSING FEVER REPORTED

A case of this disease in a San Joaquin Valley hospital was investigated. The patient who was a cattleman had contracted his infection on a ranch in the foothills where he had been bitten by many ticks about ten days before onset of the disease. Arrangements were made to collect and examine ticks from this ranch, as the infection had never before been demonstrated in that area.

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